Case 1:02-cv-03983-JEJ DOCUMENT AFIRM SONER IN PAGING A 15 PageID: 1

CIVIL RIGHTS COMPLAINT CONTINUE OF THE PROPERTY OF THE P

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

FOR THE DISTRICT OF NEW JERSEY	1. 7 1.		
		. ()	/* II: 51

*098991 James Cobb Oliver Crumble

(Esternburg to the full page of the plaintiff in this action)

COMPLAINT

Civil Action No.

(To be supplied by the Clerk of the Court)

SUDER INT. N. J. Strate Police

DET. I E. P. BRICK N.J. St. Police

TRUMD MOBING HOTEL COSINO DONALD TRUMP

Sharon long SEC GUARD

FOR TRUMP Marina Casino

(Enter above the full name of the defendant or defendants in this action)

FILED

NOV 2 6 2002

WILLIAM T. WALSH CLERK

INSTRUCTIONS -- READ CAREFULLY

- 1. This complaint must be legibly handwritten or typewritten, signed by the plaintiff and subscribed to under penalty of perjury as being true and correct. All questions must be answered concisely in the proper space on the form. Where more space is needed to answer any question, attach a separate sheet.
- In accordance with Rule 8 of the Federal Rules of Civil Procedure, the complaint should contain (1) a short and plain statement of the grounds upon which the court's jurisdiction depends, (2) a short plain statement of the claim showing that you are entitled to relief, and (3) a demand for judgment for the relief which you seek.
- 3. You must provide the full name of <u>each</u> defendant or defendants and where they can be found.
- 4. You must send the original and one copy of the complaint to the Clerk of the District Court. You must also send one additional copy of the complaint <u>for each defendant</u> to the Clerk. Do not send the complaint directly to the defendants.
- 5. Upon receipt of a fee of \$150.00, your complaint will be filed. You will be responsible for service of a separate summons and copy of the complaint on each defendant. See Rule 4, Federal Rule of Civil Procedure.

6. If you cannot prepay the \$150.00 filing fee, you may request permission to proceed in forma pauperis in accordance with the procedures set forth below. (If there is more than one plaintiff, each plaintiff must separately request permission to proceed in forma pauperis.)

The Prison Litigation Reform Act of 1996 ("PLRA"), effective April 26, 1996, has made significant changes to the in forma pauperis statute, 28 U.S.C. § 1915. The statute no longer provides for waiver of court filing fees for prisoners who are granted leave to proceed in forma pauperis. A prisoner who is granted leave to proceed in forma pauperis is not required to pay the filing fees in advance, but the prisoner is obligated to pay the entire filing fee in installment payments regardless of the outcome of the proceeding. This obligation to pay the filing fee continues even if the prisoner is transferred to another prison. Therefore, before submitting this application to the Clerk of the Court, a prisoner should consider carefully whether he or she wishes to go forward with the action.

The PLRA obligates prisoners who are granted in forma pauperis status to pay the entire filing fee in the following manner, regardless of the outcome of the litigation. 28 U.S.C. § 1915(b)(1) and (2). The agency having custody over the prisoner shall deduct from the prisoner's institutional account and forward to the Clerk of the Court (1) an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prisoner's account or the average monthly balance in the prisoner's account for the six-month period immediately preceding the filing of the complaint, and (2) payments equal to 20% of the preceding month's income credited to the prisoner's institutional account each month the amount in the account exceeds \$10.00, until the \$150.00 filing fee is paid. 28 U.S.C. § 1915(b)(1) and (2). However, a prisoner who has no assets and no means by which to pay the initial partial filing fee will not be prohibited from bringing a civil action. 28 U.S.C. § 1915(b)(4).

Each prisoner plaintiff who desires to proceed in <u>forma pauperis</u> must submit the following to the Clerk of the Court:

- a. a completed, signed, and dated application to proceed in forma pauperis (attached hereto); and
- b. a certified copy of your prisoner account statement for the 6-month period immediately preceding submission of this application, listing the account balance and all deposits into the account. A prison account statement must be obtained from the appropriate official of each prison at which you are or were confined during the preceding 6 months.
- 7. If your application to proceed in forma pauperis does not conform to these instructions, you will be notified by letter of the nature of the deficiencies. If these deficiencies are not cured within 120 days of the date of the letter, the complaint will be deemed withdrawn, the Clerk's file will be closed, and no fees will be assessed against you.
- 8. If you are given permission to proceed <u>in forma pauperis</u>, the Clerk will prepare and issue a copy of the summons for each defendant. The copies of summonses and the copies of the complaint which you have submitted will be forwarded by the Clerk to the United States

Marshal, who is responsible for service. The Marshal has USM-285 forms you must complete so that the Marshal can locate and serve each defendant. If the forms are sent to you, you must complete them in full and return the forms to the Marshal.

QUESTIONS TO BE ANSWERED

Juris	sdiction is asserted pursuant to (CHECK ONE)
<u> </u>	_ 42 U.S.C. § 1983 (applies to state prisoners)
	Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971) and 28 U.S.C. § 1331 (applies to federal prisoners)
lf yo belo	u want to assert jurisdiction under different or additional statutes, list these w:
Prev	viously Dismissed Federal Civil Actions or Appeals
fede frivo note brou for fa statu	ou are proceeding in forma pauperis, list each civil action or appeal you have brought in a crail court while you were incarcerated or detained in any facility, that was dismissed as allous or malicious, or for failure to state a claim upon which relief may be granted. Please that a prisoner who has on three or more prior occasions, while detained in any facility, aght an action or appeal in a federal court that was dismissed as frivolous or malicious, or allure to state a claim upon which relief may be granted, will be denied in forma pauperis us unless that prisoner is under imminent danger of serious physical injury. See 28 U.S.C. 315(g).
a.	Plaintiff(s):
	Defendant(s):
b.	Court and docket number:

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	d.	Approximate date of filing lawsuit:
	e.	Approximate date of disposition:
	If the	ere is more than one civil action or appeal, describe the additional civil actions or appeals g this same format on separate sheets.
3.	Place	e of Present Confinement? <u>OHANTIC CO. JUSTICE FACILITY</u>
4.	Parti	es
	seco	em (a) below, place your name in the first blank and place your present address in the and blank. Do the same for additional plaintiffs, if any.)
	a. N	lame of plaintiff: James Cobb A.k.A. Oliver Crumble
	А	ddress: 5060 att. ave. M.L. N.J. 08401 08330
	In	nmate #: <u>098991</u>
	b. F	irst defendant - name: Super int. N.T. St. Police
		Official position: SUPER INT. N.J. St. Police
	Р	lace of employment: State Police H.Q TRENTON NJ
		low is this person involved in the case? (i.e., what are you alleging that this person did or did not do that violated your constitutional rights?)
		IN his position as super int. HE failed To provide
	-	THE PROPER TRAINING AND SUPERVISION TO DEF. I E.P. BRICK
		OF N.J. St. Police Gaming ENFORCEMENT DIV.
	_	
	_	

3 defendent
Donald Trump Trump Marina Hotel Casino
C.E.O.
Trump Marina Hotel Casino at City N.J. 08401

HE failed To properly Train and supervise his employees allowing and encouraging employees to racially profile

(4) defendent Sharon long SECURITY DUARD TRUMP Marina Hotel Casino att. City N.J 08401

Sharon long racially Profiled me following me all around castno without cause

Case 1:02-cv-03983-15 BE USED BY A PRISONER IN BOOM 15 PageID: 6 CIVIL RIGHTS COMPLAINT

c. Second defendant name: DF+-I E.P. Brick
Official position: N.J. St. Police Gaming Enforcement. Div.
Place of employment: U.J. St. Police
How is this person involved in the case? (i.e., what are you alleging that this person did or did not do that violated your constitutional rights?) While Being Detained at Trump Marina Det. Brick Car (ass) IN AND ASTED ME What was MY black stepling and why is it That you people always Try to bet shit for free that he was gonna make sure my black a goes to Jail so he world have to come on any more call for me he then lied and charged me with a six hondred Dollah Theft of a wallet that I foun that contained only four hundred and was given back to owner— Carolyn M. Demass; d. If there are more than two defendants, attach a separate sheet. For each defendant specify: (1) name, (2) official position, (3) place of employment, and (4) involvement of the defendant. Attached Sheet incepted
I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in the Statement of Claims on page 6.
YesNo
If your answer is "Yes," briefly describe the steps taken, including how relief was sought, from whom you sought relief, and the results.
the state of the s
If your answer is "No," briefly explain why administrative remedies were not exhausted.
None available

5.

I was leaving Harrah's casing going home. I cut Through Trump Marixla, Casino from which I live across The Street I was in Trump Marina, about 4 or 5 min., I found a wallet laying on a machine, it had 4 hundred dollars in it. I removed The 4 hundred, and put The wallet back on machines and Then, I proceeded to leave as I was leaving I was approached by sharon long, a security GUARD FOR TRUMP Marina, She Then said what did you find? I saw you find something, I told her Ms long That I found 4 hundred dollars in a wallet. Ms. long, asked me where's The wallet I told Ms. long, I left The wallet in The casino Ms. LONG. THEN said That's why I was told To Follow you. DECAUSE you People always want to steel something. I Told Ms long, That I didn't steal nothing, if you were following me you know That. Ms. Long, Then asked me To come with her To The security office while in Route To The security office. I asked Ms. long, if she wanted me To show her where I left The wallet. Ms. long, said YES, WE THEN WENT to area. I left wallet in and I found wallet in Trash can. Ms. Long and I, Then went To security office Ms. long, Then notifyed The owner Ms. Carolyn M. Demassi, and Ms. long, asked Ms. Demassi, how much money was in the wallet, Ms. Demassi, said four hundred. That she had Just withdrew four hundred Dollars from The a.T. M. Machine, Then lost her wallet but she didn't know where, She lost it. Ms. long Then Gave Ms. Demassi, four hundred Dollars and her wallet Ms. DEMassi, Then left. Some minutes later DET. I E.P. Brick, Then Came in sat Down beside me, and asked me, what was my black ass stepling. I told him I wasn't stepling anything, he Then said why is it you people always Try To bet shit for free and, that he was gonna make suff my Black ass goes to Jail. That he won't have To worky and about coming out on anymore calls for me. Det. BRICK, Then lest out of the moom for 20 min. OR MORE DET. Brick, came Back with a complaint Changing me with a

SIX hundred Dollar Theft. I ask Det. Brick, how is he charging me with a Six hundred Dollar Theft for finding 4 hundred. Det. Brick, Then said fuck me and Told me To fight it in court. Because he was goina make sure my black ass goes To Jail. all Events occur on 8/27/2000

6.	Statement		~ l=:
h	Statement	ETE	I JEHITTIS

(State here as briefly as possible the <u>facts</u> of your case. Describe how each defendant violated your rights, giving dates and places. If you do not specify how each defendant violated your rights and the date(s) and place of the violations, your complaint may be dismissed. Include also the names of other persons who are involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach a separate sheet if necessary.)

	attached	sheet ince	rted		m
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7. Relief
(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)
I would like Donald Trump EmployEES and St. Police EmployE
TO RELIEVE ROCIOL SENSITIVITY Classes and I would like
FIVE MILLON FROM THE STRIFE POLICE IN PUNITIVE DAMAGES and
FIVE MILLON FROM TRUMP MARINA CASIND IN PUNITIVE DAMAGE
 8. Do you request a jury or non-jury trial? (Check only one) (√) Jury Trial () Non-Jury Trial
I declare under penalty of perjury that the foregoing is true and correct.
Signed this 3 day of July , 162002
James Cobb Dewer Crumble Signature of plaintiff
Witness, Joseph Solo 7/31/02

 $^{^1}$ EACH PLAINTIFF NAMED IN THE COMPLAINT <u>MUST</u> SIGN THE COMPLAINT HERE. ADD ADDITIONAL LINES IF THERE IS MORE THAN ONE PLAINTIFF. REMEMBER, <u>EACH</u> PLAINTIFF MUST SIGN THE COMPLAINT.

FORM TO BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEW JERSEY

my action, defense, or other proceeding or the issues I intend to present on appeal are oneny stated as	098991	, 01 11217 0-110-1
SUPER INT. N.J. St. Police: Det. I. E. P. Brick N.J. St. Police: Trump Marina Hotel Casina Danald Trump Sharon long Sec. Grand For: (Enter above the full name of the defendant or defendants in this action) **O98991 A.S.* L. James Cobb Oliver Crymble		•
TRUMP MARINA HOTEL CASINO DANALO TRUMP Sharon long Sec. Grand Form: [Enter above the full name of the defendant or defendants in this action] **O98991 AX.** Long Scobb Oliver (Rumble, declare that I am the (check appropriate box) Petitioner / plaintiff / movant Other in the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as	SUPER INT. N.J. St. Police	(To be supplied by the Clerk of the Court)
(Enter above the full name of the defendant or defendants in this action) **CORRECT ON OIVER CRIMDIE**, rigidize that I am the (check appropriate box) **Petitioner / plaintiff / movant Other In the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor, that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as		
(Enter above the full name of the defendant or defendants in this action) **O9899 I. James (Abb) (IVER (31//NIVE), declare that I am the (check appropriate box) Petitioner / plaintiff / movant	Sharon long Sec. Grand for	:
In the above-entitled proceeding; that, in support of my request to proceed without being required to prepay fees, costs, or give security therefor, I state that because of my poverty, I am unable to prepay the costs of said proceeding or give security therefor; that I believe I am entitled to relief. The nature of my action, defense, or other proceeding or the issues I intend to present on appeal are briefly stated as	(Enter above the full name of the defendant or defendants	:
	in the above-entitled proceeding; that, in support of prepay fees, costs, or give security therefor, I state to the costs of said proceeding or give security therefor.	Other my request to proceed without being required to that because of my poverty, I am unable to prepay that I believe I am entitled to relief. The nature of

FORM TO BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS

In support of this application, I answer the following questions under the penalty of perjury:

	es of Confinement Place of Confineme	e <u>nt</u>	Aug Maril
	3/20/02 Att. Co. Jai	1 5060 at1	.ave.M.L.N.
sub	each institution in which you have been confined for the omit a certified copy of your prison account statement and ached Account Certification Forms).	preceding six mor I an Account Certif	nths, you must lication Form (use
Are	you employed at your current institution?	□ Yes	⊠ No
Do	you receive any payment or money from your current ins	stitution? □ Yes	₩ No
	Yes," state how much you receive each month:		ı sources?
	he past 12 months, have you received any money from a Business, profession, or other self-employment		⊡∕No
ln t	he past 12 months, have you received any money from a	any of the following □ Yes □ Yes	D∕No D∕No
In t	he past 12 months, have you received any money from a Business, profession, or other self-employment	nny of the following Ves Ves Ves	IV No IV No IV No
in t a. b.	he past 12 months, have you received any money from a Business, profession, or other self-employment Rent payments, interest, or dividends	ny of the following Yes Yes Yes Yes Yes	IZ No IZ No IZ No IZ No
In t a. b. c.	he past 12 months, have you received any money from a Business, profession, or other self-employment Rent payments, interest, or dividends Pensions, annuities, or life insurance payments	uny of the following Yes Yes Yes Yes Yes Yes	IV No IV No IV No IV No IV No
In ta. b. c. d.	he past 12 months, have you received any money from a Business, profession, or other self-employment Rent payments, interest, or dividends Pensions, annuities, or life insurance payments Disability or workers compensation payments	ny of the following Yes Yes Yes Yes Yes	IZ No IZ No IZ No IZ No
In t a. b. c. d. e. f.	he past 12 months, have you received any money from a Business, profession, or other self-employment Rent payments, interest, or dividends Pensions, annuities, or life insurance payments Disability or workers compensation payments Gifts or inheritances Any other sources he answer to any of the above is "Yes" describe each sou	ny of the following □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	□ No □ No □ No □ No □ No
In t a. b. c. d. e. f.	he past 12 months, have you received any money from a Business, profession, or other self-employment Rent payments, interest, or dividends Pensions, annuities, or life insurance payments Disability or workers compensation payments Gifts or inheritances Any other sources he answer to any of the above is "Yes" describe each sourced and what you expect you will continue to receive.	ny of the following □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	□ No □ No □ No □ No □ No
In t a. b. c. d. e. f.	he past 12 months, have you received any money from a Business, profession, or other self-employment Rent payments, interest, or dividends Pensions, annuities, or life insurance payments Disability or workers compensation payments Gifts or inheritances Any other sources he answer to any of the above is "Yes" describe each sou	ny of the following □ Yes □ Yes □ Yes □ Yes □ Yes □ Yes	□ No □ No □ No □ No □ No

FORM TO BE USED BY A PRISONER APPLYING TO PROCEED IN FORMA PAUPERIS

4.	Do you own any real estate, stocks, bonds, securities,		nents, automobiles, M No
	or any other property o: assets?	☐ Yes	MZ NO
	If "Yes," please describe:		·
5.	List the persons who are dependent on you for support how much you contribute to their support. NONE	, your relationship to	each person and
6.	Authorization and Declaration **OPERITOR OF THE CRUMBE (Print or Type Name and Number of Prisoner)		
	authorize the agency having custody over me to assest forward to the Clerk of the District Court for the District fee equal to 20% of the greater of the average monthly average monthly balance in my prison account for the the filing of the complaint, and (2) payments equal to credited to my prison account each month the amount \$150.00 fee is paid. 28 U.S.C. § 1915(b)(1) and (2).	t of New Jersey (1) an ly deposits to my priso six-month period imm 20% of the preceding	initial partial filing on account or the nediately preceding month's income
l deci	lare under penalty of perjury that the information containe	d in this application is	true and correct.
	7/31/02 James 1	NDD OLIVER I	CRUMDIE ICANT

Resident History Report

Atlantic County Justice Facility 08/07/2002 11:21:46

ST 8 / OPR jurjo

CCIS #: 098991

Resident Name : COBB, JAMES

Start Date/Time: 03/20/2002 13:49 End Date/Time : 08/07/2002 11:24

Date	Time	Type	ST	OPR	Receipt #	Amount	Balance
03/20/2002	13:49	Intake	4	jucdi	D10347	0.00	0.00
03/21/2002	08:12	Perm ID	2	JUDMK	B18821	0.00	0.00
04/01/2002	14:50	Order	2	jtb	B21969	0.00	0.00
04/08/2002	14:34	Order	2	jtb	B23335	0.00	0.00
04/15/2002	14:31	Order	2	jtb	B24894	0.00	0.00
04/22/2002	14:40	Order	2	jtb	B26337	0.00	0.00
04/29/2002	14:50	Order	2	jtb	B27624	0.00	0.00
05/06/2002	14:29	Order	2	jtb	B29756	0.00	0.00
05/13/2002	14:35	Order	2	jtb	B31374	0.00	0.00
0 5/20/20 02	13:58	Order	2	jtb	B32910	0.00	0.00
05/27/2002	14:35	Order	2	jtb	B34316	0.00	0.00
06/03/2002	14:01	Order	2	jtb	B36378	0.00	0.00
06/10/2002	13:45	Order	2	jtb	B38276	0.00	0.00
06/24/2002	14:13	Order	2	jtb	B41153	0.00	0.00
07/01/2002	15:07	Order	2	jtb	B43445	0.00	0.00
07/08/2002	14:06	Order	2	jtb	B44897	0.00	0.00
07/15/2002	14:57	Order	2	jtb	B46556	0.00	0.00
07/22/2002	14:19	Order	2	j̃tb	B48563	0.00	0.00
08/05/2002	14:06	Order	2	j̃tb	B52990	0.00	0.00

Page 1

(Note to Applicant: forward a copy of this Account Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application.)

THEY REFUSE TO SIGN ACCOUNT CERTIFICATION FORM

NOTICE TO PRISON OFFICIALS: Pursuant to the Prison Litigation Reform Act, you will be obligated to forward payments to the appropriate United States District Court if the prisoner herein is granted leave to proceed in forma pauperis. 28 U.S.C. § 1915(b)(2) (April 26, 1996). Pursuant to that statute, once an initial partial fee is paid, the prison official in charge of the prisoner's account must forward payments of 20% of the income credited to the prisoner's account during the preceding month, each month the amount in the account exceeds \$10.00, until the entire filing fee has been paid.

Authorized Officer of Institution

I certify that the attached trust fund account statement (or institutional equivalent) is true and correct.

Date